

Name: Address:

RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

FEB 1 4 2008

MAINE ETHICS COMMISSION 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Please check if this is an update to a p	previously filed statement for the calendar year	r 2007
	LEGISLATOR INFORMATION	
Name Sharon Anglin Mailing address 22 Page St		Member of: ☐ House ☐ Senate District ☐ Q
City, zip code Hallowell MC	04347	Phone 623-7161
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employ principal type of economic activity of each er	vor from a k	of \$1,000 or more. Specify the
National Legislature Association on Prescription Drug Prices Prescription Policy Choices	Address POBOX492 HOLLOWELL, NED4347 POBX204 HOLLOWELL NED4347	Principal Type of Economic Activity of Employer Public policy non profit consultant public pilicy non profit
A. List the name and address of your busing derived income. If associated with a partners areas of economic activity of that entity.	, , , , , , , , , , , , , , , , , , ,	
Name and Address of Business Entity Name: Address:	Major Areas of Economic Activity (self)	Activity (partnership, association or similar business entity)

	PART 2 (continued). INC	OME DERIVED F	ROM SELF-EMPLOYM	ENT
is greater, and specify the p disclosure is prohibited by l	me derived from self-employs principal type of economic act law, rule, or an established or hom the income was derived.	ment that represents tivity of the entity or p ode of professional e	more than 10% of your gro	ved such income. If this for
	Name and Address of	وأخراف والروائح والمراشع فالحافظة فالحال بالمتارك والمارك والماري		Principal Type of Econom Activity of Entity or Person V is the Source of the Incom
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	(For Legisl	MAJOR AREAS O	s-at-law only.)	
List your major areas of pra	ectice. If associated with a law	v firm, list the major a		
-Ионе_— Na	me and Address of Firm	antiantentus <mark>kinis keeles is osa t</mark> oo s <mark>apat eleksikkiinin tii</mark> kuun laikasi kinis että eleksi	Major Areas of Practice (self)	e Major Areas of Prac (firm)
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Address:	PART 4 ©	THER SOURCES	OF INCOME	
List each source of income	of \$1,000 or more <u>not listed</u> i			ts. If none, check the box.
				
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PART 10: INCOME RE	CEIVED BY MEMB	ERS C	E IMIV	MEDIATE FAMILY
t the type of economic activity representing each n) during the reporting period and the kind of inco- for income received by dependents.	source of income of to me represented. Do n	31,000 ot inclu	or more	received by your spouse or dependent
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y filed a false statement, it shall refer its finding.	s of fact to the Attorne	y Gen	eral.	tract it appears that a Legislator
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Please provide information you	any additional are providing.	information	below	(and on	additional	sheets	if needed).	Indicate	the part o	r section	number	for the
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